

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>177</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>530</u>
Town of <u>Miami</u>	No. <u>M + J. Hosp.</u>		Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
City of _____	2. Full name of child <u>Jewel Ira Medlock</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>1st</u>	6. Legitimate <u>yes</u>
7. Date of birth <u>June 24 1924</u>	Month day year		
FATHER		MOTHER	
8. Full name <u>Jewel Ault Medlock</u>	14. Full maiden name <u>Nellie Ester</u>		
9. Residence (Usual place of abode) <u>Miami</u>	15. Residence (Usual place of abode) <u>Miami</u>		
If nonresident, give place and state <u>Ariz.</u>	If nonresident, give place and state <u>Ariz.</u>		
10. Color or race <u>Cauc</u>	16. Color or race <u>Cauc</u>		
11. Age at last birthday <u>24</u> (Years)	17. Age at last birthday <u>17</u> (Years)		
12. Birthplace (city or place) <u>Fisher Co.</u>	18. Birthplace (city or place) <u>Arden</u>		
(State or country) <u>Texas</u>	(State or country) <u>Texas</u>		
13. Occupation	19. Occupation		
Nature of industry <u>Miner</u>	Nature of industry <u>Housewife</u>		
20. Number of children of this mother	21. Were precautions taken against ophthalmia neonatorum?		
(Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u>	(b) Born alive but now dead _____	(c) Stillborn _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*39			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>9:00</u> M. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>Cyril M. Brown M.D.</u>			
Address <u>Miami, Arizona</u>			
Given name added from a supplemental report _____			
Month, day, year. _____			
Filed <u>July 31</u> 19 <u>24</u>			
Filed <u>AUG 5</u> 19 <u>24</u>			
County Registrar. _____			

142-624-559